

Case Number:	CM13-0053356		
Date Assigned:	12/30/2013	Date of Injury:	09/16/2010
Decision Date:	04/04/2014	UR Denial Date:	11/07/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 68 year old female with date of injury 9/16/2010. The primary treating physician's report dated 11/13/2013 stated subjective complaints as throbbing pain radiating throughout the shoulder region, specifically pain and stiffness of the joint. She complains she can't perform daily activities. The objective findings include slight swelling of the acromioclavicular joint. Limited range of motion due to pain and stiffness, otherwise the patient is able to abduct to 90 degrees and flexion is 110 degrees with internal and external rotation 40 degrees. Sensory examination was normal. The diagnoses are impingement syndrome of the left rotator cuff with impaired joint mobility, motor function, muscle performance, and range of motion with increased pain, acromioclavicular osteoarthritis and subacromial bursitis. The patient underwent arthroscopic left shoulder surgery on 10/15/2013.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Home health care 4 hours/day 5 days a week for three weeks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Aetna Clinical Policy and ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Home Health Services, Shoulder Disorders.

Decision rationale: The California MTUS Guidelines recommend home health care only in the form of medical treatment for patients who are homebound. The patient is currently ambulatory and able to attend her physical therapy treatments. The California MTUS Guidelines specifically state that medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. Home health care is not medically necessary.